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CENTRAL FAX CENTER

MAY 16 2007

IN THE CLAIMS

Please amend and/or cancel the claim(s) of the captioned application, and/or add claim(s) to the captioned application, in accordance with the following annotations and/or mark-ups showing all change(s) relative to the previous version(s) of the claim(s) as required by 37 C.F.R. 1.121:

1. (Withdrawn) A stabilizer for implanting in the disk space between adjacent vertebrae of a patient to stabilize the vertebrae comprising:

an elongate implant having a substantially rectangular cross-sectional shape;

a lock having a bearing surface formed thereon for mounting to one end of said implant with the bearing surface of said lock contacting an adjacent vertebrae to resist rotation of said implant in the disk space; and

an insert mounted to and biased away from said implant and into engagement with an adjacent vertebra.

2. (Previously presented) A method of cushioning between an elongate implant having a substantially rectangular cross-sectional shape, the height of the implant being greater than the width of the implant, positioned in a space from which a portion of an intervertebral disk has been removed and a vertebra adjacent the disk space comprising the steps of:

inserting the implant into the intervertebral disk space with the sides of the implant defining the height of the implant in contact with the adjacent vertebra, the implant being provided with an insert that is movable relative to the implant;

rotating the implant along the longitudinal axis thereof so that the sides of the implant defining the width of the implant contact the adjacent vertebra; and

biasing the insert away from the implant against the adjacent vertebra.

3. (Withdrawn) A stabilizer for insertion into a space between two adjacent vertebrae comprising:

an implant;

an insert mounted to and movable with respect to said implant;

means between said insert and said implant for biasing said insert away from said implant and into contact with an adjacent vertebrae when said implant is inserted into a space between two adjacent vertebrae; and

a lock for mounting to said implant and having a surface formed thereon for bearing against one or both of the adjacent vertebrae to resist rotation of said implant relative to the adjacent vertebrae.

Claims 4-10. (Canceled)

11. (Withdrawn) A stabilizer for insertion into a space between two adjacent vertebrae comprising:

an implant;

an insert mounted to said implant, said insert being comprised of a springy material that is initially compressed for insertion into a space between two adjacent vertebrae and then released from the initial compressed state into engagement with an adjacent vertebra; and

a lock for mounting to said implant and having a surface formed thereon for bearing against one or both of the adjacent vertebrae to resist rotation of said implant relative to the adjacent vertebrae.

Claims 12-18. (Canceled)

19. (Previously presented) A method of stabilizing two vertebrae comprising the steps of:

removing a portion of the intervertebral disk of a patient;

inserting an implant having an insert movably mounted thereto into the space from which a portion of the intervertebral disk has been removed;

biasing the movable insert into engagement with a vertebra adjacent the intervertebral disk space; and

resisting rotation of the implant relative to the adjacent vertebra.

20. (Previously presented) The method of claim 19 additionally comprising filling any space between the implant and the two vertebrae with a hydrogel.

21. (Previously presented) The method of claim 20 wherein said hydrogel is selected from the group consisting of protein polymers, polyvinylpyrrolidone polymers, and modified collagen matrix.

22. (Previously presented) The method of claim 20 additionally comprising contacting the remaining portion of the intervertebral disk, or the hydrogel, or both the remaining portion of the intervertebral disk and the hydrogel with a medical grade adhesive.

23. (Previously presented) The method of claim 19 additionally comprising sealing with a medical grade polymer.

24. (Previously presented) The method of claim 19 wherein the insert comprises a metal or other relatively incompressible material and is biased away from the implant into engagement with the adjacent vertebra by a spring.

25. (Previously presented) The method of claim 24 additionally comprising restraining the insert against movement relative to the implant until after the implant is inserted into the intervertebral disk space from which a portion of the intervertebral disk has been removed.

26. (Previously presented) The method of claim 19 wherein the implant comprises a metal or other relatively incompressible material and the insert comprises a springy, compressible material that provides a cushioning effect when engaged by the adjacent vertebrae.

27. (Previously presented) The method of claim 26 additionally comprising compressing the insert before inserting the implant and insert into the intervertebral disk space from which a portion of the intervertebral disk has been removed and then releasing the insert from the initial, compressed state into engagement with the adjacent vertebra.

28. (Previously presented) The method of claim 2 additionally comprising restraining the insert against movement relative to the implant until after the implant is inserted into the intervertebral disk space from which a portion of the intervertebral disk has been removed.

29. (Previously presented) The method of claim 2 wherein the implant comprises a metal or other relatively incompressible material and the insert comprises a compressible material that provides a cushioning effect when engaged by the adjacent vertebrae.

30. (Previously presented) The method of claim 29 additionally comprising compressing the insert before inserting the implant into the intervertebral disk space from which a portion of the intervertebral disk has been removed and then releasing the insert from the initial, compressed state into engagement with the adjacent vertebra.

31. (Previously presented) The method of claim 2 additionally comprising maintaining alignment of the implant and the insert while biasing the insert away from the implant.

32. (Previously presented) The method of claim 2 additionally comprising resisting rotation of the implant in the intervertebral disk space.

33. (Previously presented) The method of claim 2 additionally comprising limiting the movement of the insert away from the implant.

24. (New) The method of claim 2 additionally comprising resisting movement of the implant out of the intervertebral disk space.

35. (New) The method of claim 19 additionally comprising comprising resisting movement of the implant out of the intervertebral disk space.